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Complexities of Juxtaposition: A Rural Being in an Urban Environment

Allison Horton

University of St. Thomas, Minnesota

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Complexities of Juxtaposition: A Rural Being in an Urban Environment

by

Allison Horton

A Banded Dissertation in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Social Work

University of Saint Thomas
School of Social Work

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Abstract

Based on research that implies rural social work differs from urban social work, this dissertation takes an ecological systems approach to explore the complexities of rural America and the ways in which communities are providing or withholding support from its members. It makes recommendations for social work to partner with religious communities as well as best practices for teaching in an online platform.

A Scholarly Personal Narrative (SPN) examines my personal experience with growing up in a rural community, the prevalence and necessity of dual roles, and how my social location as a rural being affected the way I create and maintain relationships, both personally and professionally, which is vastly different than how the urban model of social work dictates, creating confusion and challenges in my first years as a practicing social worker.

A second conceptual article explores the complicated relationship existing between the religion and mental health, and ways in which religious communities could be doing harm to those in mental health crisis. It argues for and suggests ways that the two entities should align and work together, particularly in rural communities where there are not enough mental health practitioners.

The final product is a book chapter to be published as part of a handbook of best practices of teaching online discusses the importance of intentionally making space to create and maintain meaningful relationships. These relationships, both peer-to-peer and instructor-to-student, are vital to the success of the online learner. This chapter details ways to create a discussion based classroom that encourages voices to be heard and connections to be made.

This dissertation demands social work education include rural social work as part of their curriculum. While it is a relatively small part of the United States population, the needs are great and the available resources are scarce. Those working among this population must understand the culture of rural America, how relationships are made and formed, and how communities are structured, which is vastly different than urban areas. Thus, rural social workers need a specific set of skills and these must be included in social work education, particularly in online education where the greatest number of social workers are receiving their education.

Dedication

This dissertation is dedicated to Madelynn, Mia, James and Seth. No matter where you are,
where you go, or what do you, remember that love shows up. Every time.

Acknowledgements

I would like to acknowledge Toni Jensen, Andrya Soprych and Kristin Lambert for being my cheerleaders, confidants and companions throughout this entire journey. I would not have made it without you. I am grateful for my parents and sister for always believing in my abilities and giving me courage to do scary things. Julie, thank you for being my constant -- my anchor and my true north. Nan, thank you for being my safe space during all the times I needed you most, despite the dual relationship. I would also like to thank Karen Miller for her time and patient editing. Thank you for teaching me to write all those years ago. And finally, to Mari Ann Graham, I am so glad our first class was under your guidance, and that you have been with me throughout this entire journey.

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Complexities of Juxtaposition: A Rural Being in an Urban Environment

“Human connections are deeply nurtured in the field of shared story” – Jean Houston

Most rural practitioners argue rural social work is a distinct practice, and there are significant differences between urban and rural work (Humble, M., Lewis, M., Scott, D, & Herzog J., 2013). A review of the literature suggests that rural social work has many unique characteristics warranting different skills when engaging with clients. (Humble, M., Lewis, M., Scott, D, & Herzog J, 2013) However, despite the documented unique characteristics there is no clear frame of those differences and the literature is sometimes contradicting in its view of the work and its requirements. Many argue rural social work should be considered a specialized field of practice under the wider umbrella of social work practice; yet, it is under-recognized, and rural practitioners are often left to make adjustments in skills taught within their education to meet the needs of their clients (Brownlee, K., Halverson, G., and Chassie, A., 2012).

Access to mental health care and support in urban areas is generally straightforward; between medical referrals or personal connections, finding a practitioner who can assist in care is often routine and uncomplicated. In rural areas, this is almost never true. There may be one or two people serving an entire community and sometimes multiple communities within a wide radius (Green, 2003; Pugh, 2003), and gaining access to them may take months or be complicated by a number of other factors.

One of the biggest challenges rural communities face in comprehensive mental health care from an ethical standpoint is dual and multiple relationships (Brownlee, Halverson, & Chassie, 2013; Daley & Hickman, 2011; Edwards & Addae, 2015; Pugh, 2007). In small communities, people often serve dual or multiple roles and these relationships are often interwoven and complex. In many ways, the interweaving creates a close-knit, tight community

which then provides multiple levels of strong safety nets, but it also can create challenges for both mental health practitioners and their clients (Vance, 2017). When a psychotherapist is also a member of a client's church, or a co-member of the Parent Teacher Association (PTA), it adds a layer of complexity between clinician and client (Humble et al, 2013). The NASW code of ethics recommends avoiding such relationships, but in rural areas, the reality often is these types of dual relationships cannot be avoided (Pugh, 2003; Brocious, Eisenberg, York, Shepard, Clayton, & Van Sickle, 2013).

In much of rural America, religious communities serve as the first place people seek support for personal challenges and mental health care (Dell, M. L., 2004). Religious clergy and mental health practitioners have had a long, difficult history and parted ways many years ago, neither agreeing with the other's vision of caring for those in a mental health crisis. Recently, the two entities have started to work together again, which, if properly harnessed, could be a huge boost in caring for those in rural areas where there is less access to licensed mental health practitioners or mental health clinics. Currently, religious clergy often are not well trained in recognizing signs of mental illness, trauma, or abuse, and are also not highly skilled in helping people manage symptoms related to these events. The conceptual paper brings forth steps helping the religious organizations and mental health practitioners to partner and train each other in competencies of each field. This is because religion can be a protective factor and a place many people seek assistance, as they feel safe and cared for within this community. This paper argues that it would be beneficial to people for whom religion is a protective factor to receive competent care in partnership with their religious organization and a mental health clinician.

According to the 2010 US census, just over 80% of the population lives in urban areas. However, 97% of the United States is considered rural, with almost 20% of the nation's

population living within it. In the past, rural practitioners often had to leave their hometowns and travel to be educated in more urban areas where universities are typically located (Maple, 2010). As more schools are creating online platforms to provide distance education options for those who do not have easy access to more traditional education, more students are able to access formalized education from top ranked social work schools around the nation. Online modalities will allow more rural practitioners access to further their education, which will hopefully help fill the extreme shortage of rural practitioners.

It is the focus of this dissertation to shed further light on the experience of rural life from one who recognizes it as their social location and as a result, operates from a rural lens even while living and working in an urban world. It will also explore the use of religious communities as a support when mental health services are not as readily available, and finally, look at best practices for creating connections, community, and relationships within online programs, which often serve students in rural areas.

This dissertation focuses on identifying, understanding, and applying the unique skills of rural practice that make it inherently different than urban social work practice. It will also be vital to explore and understand the culture of rural America and how this culture affects and impacts mental health treatment within these populations. This will create a pathway for social work skills, specific to rural communities, to be taught to social work students, particularly those enrolled in urban centered online degree programs, but live and work within rural America.

This dissertation includes a Scholarly Personal Narrative that looks deeply at a period of time in my own life when I was growing up in rural Wyoming. It examines the roles of the individuals in my family, my school, my religion, and my community as a whole. It examines the intricate balance of dual roles, and the ways in which they serve as protective factors, but can

also create complications within a person's existence. This SPN serves to explore the protective factors and the many ways these factors and relationships are layered within rural communities. It explores the micro, mezzo and macro factors that influenced my own family's resilience in the face of personal trauma, and how considering a person's environment is crucial in how they seek and receive, or in many cases don't, receive help.

Additionally, a conceptual paper will look at religious communities as a part of the system of many individuals, and consider how that can be brought in as part of their treatment. Especially in rural areas, where access to mental health practitioners is more challenging, religious communities can be a huge source of help and support for those needing mental health support. This conceptual paper lays out a plan to help the two entities learn from one another and partner to support people using social work modalities that are spiritually sensitive . Many people often feel they must choose between their religion or their mental health care, and this paper argues it can be done in partnership.

As educators and practitioners grow and expand the field of social work and create easier access for students to receive formalized education by offering courses online, it becomes imperative that we adjust our models and teaching methods to be inclusive of the rural population. Online educators must also be skilled in creating community within their classrooms. Online students, no matter where they live in the world, are often isolated. Engaging these isolated students, purposefully creating opportunities for them to create relationships with one another, and intentionally providing space where difficult, yet meaningful conversations occur is vital to the success of online learning.

Conceptual Framework

The conceptual framework for this dissertation is influenced by ecological systems perspective, first presented by Bonfenbrenner. This framework allows social workers and their clients to be viewed in context of their interactions between differing systems (Bonfenbrenner, 1994). Each of these systems impact a professional's view of boundaries, ethics, relationships, and the relationship between the different systems is reciprocal in nature. The ecological systems perspective purposed that an individual cannot be viewed simply as an individual but must be seen as a person influenced by different systems. This is a reciprocal process in which the person is influenced by the system and the system is influenced by the individual.

The ecological model makes several assumptions about the relationship between the person and their environment. First, it assumes the way people perceive their environment and experiences significantly affects their well-being (Rogers, 2016). People place meaning on events that happen to them and how these events are interpreted have impact on how this affect their well being. In this sense, the same thing could happen to two people at the same time, in the same place, but they could have two completely different experiences. Second, it assumes all people have transactions, both positive and negative, with other people (Rogers, 2016). Positive transactions generally give rewards, both physical and emotional, and negative transactions serve as a deterrent or punishment for some kind of behavior. These transactions shape a person's experience of their environment and can create a dynamic relationship with the person and their environment in terms of inputs and outputs (Rogers, 2016).

There are several key concepts to the Ecological Model. First, adaptation plays a huge role in the ability for individuals to adjust to their environment. This takes into account that people and their environments are in a constant state of change and one must adapt to the other to

continue goodness of fit. When there is not goodness of fit, individuals feel stress and then will often make changes to better adapt to their environment. Sometimes this means they make a physical change of location, sometimes it means they learn new skills or ways of existing in the same environment (Gitterman & Germain, 2008). This leads to a second concept of the ecological model, coping, which is how well a person is able to adapt to negative experiences within their environment. The way an individual is able to cope determines their level of ability to function within their environment, which leads to the third concept, interdependence. Interdependence is “the reciprocal and mutually reliant relationship people have with their environment” (Rogers, 2016, p.46). Within this concept is the belief that there is a balance between people and their environment to sustain growth, and when one is out of balance the other is also.

Summary of Banded Dissertation Products

This banded dissertation comprises three products. Product one is a Scholarly Personal Narrative (SPN) that explored my own challenges with growing up in a rural environment and experiencing many dual relationships that were protective factors for me during a period of family crisis. I then moved to a very urban environment where I continued to try to create a world where dual relationships existed, but encountered resistance and at times, was scolded by supervisors who didn’t understand my social location or my understanding of how relationships work or are formed. Using methodology originally designed by Robert Nash (2004), this SPN includes all four major components of SPN – pre-search, me-search, research and we-search in order to exemplify the need for social work practitioners, teachers, and supervisors to consider each individual they are working with as a product of their environment and consider the damage that can be done to an individual when that is not taken into account.

Product two is a conceptual paper exploring the relationship of religion and mental health. This paper postulates that religion has the potential to be a great partner in mental health treatment, as many people seek religious counsel before seeking a mental health professional, and in rural areas where access to mental health care can be limited, religious leaders could help with stabilization and triage of individuals if they had adequate training. This paper lays out a framework for helping to repair the relationship and how the two entities can partner to fill a need in many communities.

Product three is a book chapter that will be published in a handbook of best online teaching practices. This chapter discusses the need to intentionally create opportunities for online students to create relationships and community as they would in a brick and mortar class. Research has demonstrated that students who develop relationships with their peers and their instructor have a much higher rate of completing the course and demonstrating competency of the course material (Ray & Marken, 2009). This chapter offers suggestions to online instructors for how to create opportunities for meaningful engagement, hold grounded discussions, and maintain brave spaces where students are able to have challenging conversations in a civil, productive manner.

Discussion

As the field of social work is expanded and access for students to receive formalized education becomes more accessible, it becomes imperative that we adjust the model of education and teaching methods to be inclusive of rural populations. To do this, we must first define the characteristics that make rural social work unique from urban social work, and integrate this knowledge with social work skills that take ecological theory into account. Practitioners must be able to identify best practice techniques for working within a particular rural environment

through understanding the person in the context of their environment. Practitioners must also identify best practices in managing ethically challenging situations such as dual relationships so instead of practicing avoidance, practitioners are using critical holistic thinking, looking at harm reduction, and creating professional boundaries, while simultaneously considering the most culturally appropriate response to such challenges. These topics are incredibly complex and challenging and simply ignoring them or pretending they affect such a small part of the population is neither helpful nor true.

Implications for Social Work Education

Online social work degree programs help to hurdle the barrier of access to formalized education in rural areas. There are some challenges with rural practitioners being taught social work skills from a purely urban model, which most schools utilize, even when teaching students in rural or very remote areas of the country. While the skill of understanding theories and use of techniques is fairly transferable between urban and rural models, there are many other challenges with rural practice that are not addressed within the urban education model (Pugh, 2013). This creates a problem for rural practitioners who may need specialized training around unique topics that arise in rural settings which are not generally covered in depth within the urban context. These topics include, but are not limited to: managing the ethical challenges with dual and multiple relationships, eliciting community support from religious partners, issues of privacy and confidentiality, thorough understanding of treating clients with dual diagnosis, trauma informed care, child and family welfare, cultural competence and even just engaging clients within a rural environment where the stigma of seeking and receiving mental health care runs deeper than in most urban environments (Pugh, 2013). Field placements for students who know they will or plan to work in rural environments should be within rural communities to gain the experience

and knowledge of working in this environment under good supervision and training (Moore, Pearson, Rife, Moore, Reaves, 2016).

As of July 2018, there were 41 CSWE accredited online MSW programs, and of those, only one specifically mentions an online rural social work course. The lack of available courses indicates there is not sufficient thought given to teaching about the challenges and differences that exist in rural social work. As more and more programs move to online methods, and education is becoming more and more accessible to rural students and practitioners, it is crucial that we consider this population and particular methodology that goes with it (Maple, 2010). If we do not instruct and process with students who live and work in rural areas on the idiosyncrasies and various ethical conundrums they will undoubtedly face within their social work practice, we are leaving them to figure it themselves, which contradicts the purpose of evidenced based practice and formal education (Gregory, 2005).

Implications for Future Research

Literature exists that names the various ways in which rural social work differs, and indicates a need for social workers to be educated in the various needs of rural communities. While the need is evident, the methods of how this education should be delivered are missing. It would be wise to work with existing and new online programs to develop rural social work specialties and electives to disseminate the necessary information to those who are or will be working in rural environments.

Additionally, rural communities are facing enormous challenges in terms of the opiate crisis due to lack of supports, lack of facilities to help aid recovery, and services for families who are experiencing the loss of a loved one or who are desperately seeking help for themselves or a loved one. Rural areas record higher mortality rates among adults aged 20 to 54 in part due to

increasing rates of heroin overdose deaths and prescription drug (opioid) abuse (Cromartie, 2017). Since the U.S. Census started tracking poverty in the 1960s, rural areas have always had higher rates of poverty than urban areas. Practitioners in rural areas need to understand the other rural realities that disrupt or interfere with a person's access to mental health or medical care. It can take days or even weeks for roads in rural areas to be plowed after blizzards. Long periods of time can pass before power can be restored after it is knocked out by inclement weather. People may live hours from their primary care doctor or medical treatment facilities. Dirt roads may become impassable for days after heavy rains. These are obstacles that people living in rural communities face on a regular basis, and often are challenges those living in urban areas are not aware (Mitchell, A. 2019).

Schools and universities need to work with rural practitioners to understand the needs of rural communities, and these needs need to be given a voice and a platform. Online programs have an incredible opportunity to educate about these unique needs and have the greatest likelihood of reaching those working in rural communities. There is power in collaboration, and rural communities need practitioners who can use creative responses and increase the use of supports like religious communities that already exist.

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Complexities of Juxtaposition: A Rural Being in an Urban Environment

Allison M. Horton

St. Catherine University and the University of St. Thomas

Author Note

Allison Horton, Doctoral Student at the School of Social Work, St. Catherine University and the University of St. Thomas. Allison Horton serves as an Adjunct Professor at Simmons University. The author would like to acknowledge Toni Jensen, Andrya Soprych, and Mallory Knipe for assistance in peer reviewing this manuscript. This paper was written to fulfill requirements the Banded Dissertation. Correspondence concerning this article should be addressed to Allison Horton, 40 Fottler Rd. Hingham, MA 02043. Email: allisonhortonlicsw@gmail.com

Abstract

This scholarly personal narrative considers the strengths and challenges of rural and urban settings, how we teach social work skills, and their transferability to various settings. A person's social location is created within the context of their surroundings, the people around them, religious beliefs, cultural expectations, experience of education, and personal relationships, especially during their formative years. As people change physical location, their social locations move with them, informing how they interact with their environment and the systems within it. My experience of the world and differences I noticed led me to use this post modern research methodology to explore questions and inconsistencies of my understanding of relationships, how people can receive help, and professional boundaries and roles in varying environments. Using Ecological Systems Theoretical Framework focusing on resilience, this narrative explores and describes the nature of rural social work and the unique challenges within social work practice and culture.

Keywords: Social Location, rural social work, social work education, community

According to the 2010 United States census, just over 80% of the population live in urban areas. However, 97% of the United States is considered rural, with almost 20% of the nation's population living within it. In urban areas, there are many practicing mental health providers. In rural areas, however, this is rarely true. There may be one or two people serving an entire community and sometimes multiple communities within a wide radius (Green, 2003; Pugh, 2003). The nearest psychiatric hospital may be hundreds of miles away.

Rural communities also face other challenges when it comes to comprehensive mental health care. One of the biggest concerns from an ethical standpoint is dual and multiple relationships (Brownlee, Halverson, & Chassie, 2013; Daley & Hickman, 2011; Edwards & Addae, 2015; Pugh, 2007). In small communities, people often serve dual or multiple roles within their community, and these relationships are often interwoven and complex. In many ways, these inter-weavings create a close-knit, tight community that has multiple levels of strong safety nets for people, but it also can create challenges for both mental health practitioners and their clients (Vance, 2017). When a therapist is also a member of one's church or a co-member of the PTA, it adds a layer of complexity between clinician and client (Humble et al, 2013). The NASW code of ethics recommends avoiding such relationships, but in rural areas, the reality often is these types of dual relationships cannot be avoided (Pugh, 2003; Brocious, Eisenberg, York, Shepard, Clayton, & Van Sickle, 2013).

In the past, rural practitioners often had to leave their hometowns and travel to be educated in more urban areas where universities are typically located (Maple, 2010). As more schools are creating online platforms to provide distance education options for those who do not have easy access to more traditional education, more students are able to access formalized education from top social work schools around the nation. These modalities will allow more

rural practitioners access to further their education, which will hopefully help fill the extreme shortage of rural practitioners.

While online access to formal education for rural practitioners is necessary and helps provide access to education, there are some problems with rural practitioners being taught social work skills from a purely urban model. While the skill of understanding theories and use of techniques is fairly transferable between urban and rural models, there are many other challenges with rural practice that are not addressed within the urban education model (Pugh, 2003). This creates a problem for rural practitioners who may need specialized training around unique topics that arise in rural settings not generally covered in depth within the urban context. Numerous studies examining the idiosyncrasies of rural social work agree a specialized code of ethics does not need to be created for rural social workers, but there is clear consensus the work is inherently different, and social workers need to be educated on the differences and how to manage the many challenges ethically without causing harm to a client or client system (Fine & Teram, 2009; Edwards & Addae, 2015; Daley & Hickman, 2011). Online and on-ground education stemming from urban universities often does not address this population or provide specialized courses to educate rural practitioners. In fact, according to CSWE, there is only one online social work program in the country that lists a rural specialization.

I was a rural being educated from an urban social work model, so I will discuss how my experience growing up in a rural environment shaped my understanding of how people related to one another as well as how this became problematic when I began practicing social work independently. After briefly describing the methodology used for this scholarly personal narrative, I discuss my formative childhood years growing up in a small, rural Wyoming community, my experience of trauma and how it shifted my relationship with my family and my

community, and how this overall experience has shaped my personal and professional identity as a clinical social worker. I also discuss how this understanding has lead me to think about how we are educating future rural workers, and how we might consider adding some rural focus or specialization to online programs to better serve the rural population.

SPN as a Methodology

Because I am choosing to write about my own experience, scholarly personal narrative (SPN) is the most appropriate, organic method to detail my experience of trauma and resilience in rural America and how this shaped my understanding of relationships and community. I will reflect on my experience and retell my story while also analyzing the experience using social work theory to create meaning of the outcome. Now, years removed from this experience, I am able to dissect how my social location and experience and understanding of relationships created a very different reality for me when I moved to an urban location to become a social worker. SPN is a natural outgrowth of the narrative tradition in qualitative research and combines scholarly literature with personal narrative. Nash (2011) stated,

The best way to tell a truth is to tell a story. A story is always profoundly personal and unique to some degree, never replicated in exactly the same form by anyone else. Your truth may be very different from mine, and vice versa. But if I can hear your truth within the context of your own personal story, I might be better able to find its corollary in my own story. (p. 55)

Creswell (2007) suggested “narrative research is best for capturing the detailed stories or life experiences of a single life” (p. 55). The SPN methodology also contains elements of a personal memoir. Memoir writers, however, are focused solely on their interior lives and stories without the obligation to move outward for universalizable themes that is a requirement for the SPN writer (Nash & Bradley, 2011). A memoirist also may not engage in dialogue with academic literature like an SPN writer. SPN writers are concerned with helping the reader make

connections with background literature to enhance those universalizable themes. Larsson & Sjoblom (2010) write that “personal narratives give us the truth of experiences that are neither open to proof nor self-evident, and can be understood through interpretation, by paying very careful attention to the context that shapes them” (p. 272). This mirrors social work’s Person in Environment Theory, which allows a person’s experience within their own context to become evidence and a source of knowledge that often goes untapped.

Methodology

The SPN methodology crafted by Nash and Bradley (2011) contains four basic parts: presearch, me-search, re-search, and we-search. Pre-search and me-search, characterized as the internal, personal component of the process, transitions to an outward focus through the research and we-search phase. SPN writing is both individual and communal. “While it is personal, it is also social. While it is practical, it is also theoretical” (Nash & Bradley, 2011, p.19). SPN researchers prefer to use the term perspectives rather than data, acknowledging that how I make sense of a phenomenon is a product of my own construction in which I embed relevant literature and theory throughout my narrative to provide analysis, commentary, and context to make my experience relevant to others.

Pre-Search

Nash and Bradley (2011) defined pre-search as “the internal and external actions of an SPN writer before even one word is put on the page” (p. 36). When I began teaching social work in an online program, I recognized that I was teaching a model that had been taught to me, but was not one that I necessarily had the instincts to follow. As we talked about the ethics of professional relationships and boundaries, I again recognized that my experience did not match the social work ethics I was teaching, nor did they make sense in the context of rural populations.

At this point, I began to explore my relationship with relationships, and I began to recognize my understanding of and belief about relationships was based on my own experience of having dual and multiple relationships my entire life with a variety of people, personal and professional, never knowing that this could potentially be seen as an ethical dilemma or problem. Fast forward to when I entered the professional social work world for the first time and had great difficulty trying to be all things for clients: therapist, mentor, tutor, college planner. I never saw eye to eye with my supervisor who I felt was constantly trying to box me into just one role, when in my own belief and experience, I had the capability expertise to fill multiple roles, something I had been doing my entire life. For years, I was at constant odds with my supervisor because I was never able to remain in the boundaries of what was expected and was never able to understand why it felt like I was constantly being stripped of my talents, voice, and abilities.

Not one to enjoy being in trouble or feeling completely misunderstood, I began to question, “Why is my understanding of relationships and helping so different from my colleagues, despite having similar education and social work training?” This question then transitioned to the “me search” phase.

Me-Search

The me-search stage began when I realized that my experience, both in what happened to me, how I personally responded to it, and how my family and community responded was meaningful, shaping who I am both as a person, but most importantly, as a social worker. This greatly influenced how I build, view, and understand relationships. As I moved from a very rural environment to an urban one, I recognized my experience and understanding of relationships was very different than my more urban counterparts. I recognize now this is a cultural difference, but it is one that is rarely addressed. The NASW Code of Ethics tries to simply direct social workers

to avoid these complex, intertwined, and complicated systems whenever possible, which does a great disservice to both workers and their clients, for it offers no guidance as to how to manage them when they are unavoidable, which is often the case in rural environments. As I began teaching in a large online program which included students from all fifty states, I realized that we don't differentiate instruction to those working in urban, suburban and rural areas. This is a glaring problem, for we are not adequately preparing rural social workers for the unique challenges they will face that are dramatically different than their urban and suburban counterparts.

During this time, I reviewed my personal emails from 2005-2020, which allowed me to examine my own relationships from the time I transitioned from a rural environment to a urban environment. I noted that previous to moving, nearly all of my relationships were dual in some way, and the longer I lived in an urban environment, the less and less dual my relationships became, demonstrating a shift in culture. I was able to identify themes within these relationships, and categorize relationships into personal, community, educational, and familial, and then could further identify the complexities of dual relationships within each category and the purpose that dual relationship filled.

Re-Search

As Nash and Bradley (2011) laid out, the SPN process begins as an internal focus with the pre-search and me-search phase, then transitions to an external exploration with the research and we-search components. Specifically, in a dissertation, the use of scholarly literature for re-search takes on the form of what Nash and Bradley call "lit embeds" rather than the traditional literature review. In this way, the literature "emerges organically within the flow of the text" (Nash & Bradley, 2011, p. 85). In this way, I was able to take my experience, and through use of

literature, make sense of what was initially very confusing. This also allowed me to determine there are crucial pieces missing in social work education, particularly in urban based online programs that are teaching rural social workers from an urban model.

What distinguishes a scholarly personal narrative from just a personal story is the addition of scholarship. Certainly, scholarship grounded the themes of understanding rural community, relationships and resilience, but the reader will not find the traditional literature review as part of this research product. Instead, I wove together story and scholarship, which felt a more authentic approach to telling this story.

We-Search

Although my story is personal and unique to my own community and my own family, and people in similar circumstances may have had very different outcomes, there are universal themes that I believe can be applied to all social workers, especially those working in rural communities. The concept of we-search is critical to an SPN (Nash & Bradley, 2011), and I will draw implications for other readers and my profession as well as make observations that I hope will influence the way we think about online education, our social work students and the importance of social location and how it influences a person's understanding and experience of their personal and professional relationships and interactions.

Results

My childhood memories are filled with time spent outside on the farm, splashing in irrigation water, building forts out of hay bales, climbing trees, and riding my bike down dirt roads to get to my friends' houses. Our town was comprised of 5,000 people, a three block main street, and no other towns in any direction for at least thirty miles. Mountain ranges acted as a compass; you knew which direction you were headed based on what mountain range was in front

of you. My parents were both college professors. Every person I knew was Caucasian, and the only occasional person of color I encountered played for the college basketball team. My family was considered intact with married parents and one younger sister.

My formative years held a sense of security. We never locked our house. I could ride my bike anywhere in the landscape of our community without my parents worrying where I was, and our community was such that everyone knew everyone. People looked out for each other. Our community was safe; I never remember feeling afraid. Almost as if to emphasize this point, the police report in the weekly newspaper generally held reports of the sheriffs helping farmers corral loose livestock lest someone accidentally hit them with their car. All of this allowed me to form healthy and secure attachments to my family and my community.

As happens in rural communities, most people held dual or multifunctional roles. For example, my friend's father was my high school biology teacher, swim coach and youth group leader. Most people in our community served in various capacities, and as a result, we knew people in their roles as educators, coaches, mentors, parents, church and community leaders, and friends—sometimes, all of the above. As such, the boundaries of who served in what capacity were somewhat blurred. As a high school student, I spent many nights baby-sitting for many of my teachers, and it never once occurred to either of us that it might be weird or uncomfortable to have me in the intimate space of their home one evening and as a student in their classroom the next. This was our normal and how I experienced the world, and the transition between roles was seamless. It was not until I was an adult and living in an urban area that I realized this experience of dual and multiple relationships is unusual and largely deemed unacceptable in more populated areas, especially in fields such as social work where the NASW Code of Ethics specifically

recommends avoiding relationships where there is more than one purpose (NASW Code of Ethics, 2018).

Experience of Trauma and Resilience

In August of 1996, my experience of safety changed with one ring of the doorbell. One minute I was watching the ‘Magnificent Seven’ win Olympic Gold in women’s gymnastics, and the next moment, my father was being served with a summons to court and notice he was being charged with a felony. My house went from being a safe space to a space where hushed, angry arguments happened behind closed doors; blood-chilling tension permeated every space. It felt impossible to take a deep breath. I had nothing to hold onto as my world spun off its axis.

As a result of the charge, my father was asked to resign from his position at the college where he taught, even though this incident had not yet gone to court and had nothing to do with the institution or its students. Within a week, half of our family income had been stripped away without notice. As happens in small towns, word travels fast, and the story was quickly picked up by the local newspaper as front page news. The school librarian was kind enough to not display that paper in the library as usual, but of course, kids saw it when they went home.

Experience of Isolation

Trauma is interesting both in how it affects you, but also how the community around you is able to support or break you further. If I had experienced a different trauma, such as a parent being diagnosed with a terminal illness, the support I likely would have received would have been very different. Yet, the outcome of the trauma was not different: I was still at risk of losing a parent through no fault of my own, but the cause of that loss was deemed unworthy of help. Support pours in for families with a sick member in the way of meals, carpooling, and financial help, but families with a member being charged with a crime who also need support often do not

receive it, and instead, receive rejection and further isolation. Because we were in a situation deemed unworthy of help, the message of ‘we got ourselves in, we had to get ourselves out’ was very clear. I learned at a very young age what it meant to be in a position of being “unworthy” and how cruel people can be who find your situation a choice vs. something that happened to you. Some kids at school found my pain enjoyable and took every opportunity to remind me that my family was a disgrace to our community. Over time, I stopped being invited to people’s homes, and friends became less friendly. Within a short period of time, we were in danger of losing our house, and I knew better to even ask for lunch money. Christmas morning was bleak. Money that had been set aside for college paid for legal fees. Support that would have helped anyone in our situation never came.

Assessing Damage and Finding Hope

In the spring, the court determined my father did not have to spend time in prison, that he would serve five years probation, and once completed, the charge would be expunged from his record. In our small town community, unsurprisingly, my father’s probation officer was my French teacher’s husband, and also a family I baby-sat for. At first, this was somewhat horrifying, but in the end, this kind teacher watched over me, took care of me, and was a pillar of strength for me while I endured the hardest of days. There are several theories on resiliency and correlation of positive outcomes on individuals and family units. In looking at individual adolescent resiliency in the face of family crisis, a longitudinal study conducted by Werner (1993) found that “resilient individuals all remarked on the crucial influence of significant relationships with kin, intimate partners, and mentors such as coaches or teachers, who supported their efforts, believed in their potential, and encouraged them to make the most of their lives” (p. 509). I was fortunate to have found this in my French teacher who consistently offered me

respite and shelter from the storm. When I graduated from high school, she became one of my closest friends. In this way, I am lucky I was in a rural environment where it is expected that people have multifunctional roles. This relationship is without a doubt the one that demonstrated that unconditional love is possible, the understanding that people make mistakes and can be forgiven, and survival was an option. She took the opposite approach of most people, and embraced my situation, looked past how our family came to be in the place we were in, and found ways to meet my physical and emotional needs. Looking back now, the seeds of social work were planted here, as I learned to treat people as I needed to be treated then—with dignity, love and compassion, not with judgment and disdain. In so many ways, this incident was a gift that taught me the importance of compassion.

After the case had been settled, I think our family initially, and maybe naively, expected that life would go back to normal. Except, nothing was normal, and it quickly became apparent that there is no such thing as normal, and we would need to adapt as we transitioned from day to day. However, this much transition and the stress of this event took a serious toll on our family. I was terrified and helpless on the inside, stoic on the outside. I held it together, never cried once, and where most people might have been angry with their father for putting their family in such a situation, I instead devoted fierce, unconditional love to him. So many people were inspecting our lives and talking about our situation that it felt like the worst kind of betrayal to join them by demonstrating anger. In my mind, the way to fight the gossip and the rumors was to survive intact as one entity, to put on a brave face, and prove that I was stronger than the situation I had been dealt. However, instead of processing through the event, I just pushed through it, refusing to feel or talk about negative emotions.

Conversation that held hints of a possible divorce floated around our house, and that is the first time I remember being angry. However, I did not feel there was space for me to be outwardly angry. There was already too much emotion in our house, and I knew my anger was not going to be managed in a way that was helpful. My answer to this became to seek comfort and security in other places, away from home. Maybe out of pity, necessity, or possibly skill, I was able to retain my position as the community babysitter. I accepted as many offers as I could to babysit to get me out of the discomfort of my house, to ensure I had spending money, but more than anything, to be helpful to someone else in the only way I knew how. This allowed an opportunity to be needed, and perhaps, wanted, both things I craved and wasn't finding in my home environment.

Resilience

Looking at our family through the Family Resilience Framework, a lot can be understood about how we survived. Defined as “the ability to withstand and rebound from disruptive life challenges,” (Walsh, 2003, p.1) resilience is a process that allows members of a family to adapt and respond to a crisis in such a way that there is a positive outcome. While many studies have been done on individual resiliency and various contributions to positive and negative outcomes, it's first important to examine a family both through an ecological perspective and a developmental perspective. Ecologically, it's important to look at an entire family's relationship to their environment. Work, school, community, religious affiliation, and social relationships all intersect to influence the outcomes of a family in crisis. We must look at what supports are available and the family's capacity to access them to reinforce resiliency. In our case, there was no workplace support, community support was minimal, and we were shunned by our religious

community. I was left with educational support of my teachers who were able to see me as a child in need of help and support, not a criminal by proxy.

It's also important to consider that crisis is very rarely a one-time event. Crisis can be compared to a major earthquake with many unpredictable aftershocks. Often families survive the earthquake, but it's the aftershocks which eventually implode the system. Because of this, we must focus on a family's strengths in order to build their ability to withstand the aftershocks, and the Family Resiliency Model assumes that there is not one model that will fit all families and their individual situations. Instead, the belief is that the potential for survival and recovery is possible if families can access and use their respective strengths. "Affirming family strengths and potential in the midst of difficulties helps families to counter a sense of helplessness, failure and blame while it reinforces pride, confidence and a 'can do' spirit" (Welsh, 2003, p. 8).

While my system did not implode entirely, it took enough blows to have long term damage. I think all four of us came out with different wounds, but in the end, we were resilient. We survived.

Moving Forward

In a somewhat reparative move, in 1999, the college invited my dad back to lead their instructional technology team where he again became an invaluable and beloved member of the faculty. Family finances recovered, my parents never divorced and they still live in the house I grew up in.

I graduated from high school, went to college, moved across the country, and became the first in my family to earn a master's degree and am working on my doctoral degree. Education and being able to become independent were the strengths I relied on in order to move forward. I chose career first, and I have not yet gotten married or had a family. I am uncertain if I ever will.

Although I am willing to take many risks professionally and academically, I still have a hard time trusting that my life will not be damaged or destroyed by another person's choices, and although I am stronger now than I have ever been, it would not take much to upset my delicate equilibrium.

Unfortunately, my mom injured her back working with horses and was forced into early retirement. In a small community where all her friends continued to work, she was left home with no opportunities for social engagement. She became depressed, and prescription painkillers provided her escape, a problem continuing today. She was strong for as long as she could be, and as soon as my dad was able to return to work, she seemingly collapsed under the weight she had been carrying for all those years.

On the other hand, my sister graduated from high school, also went to college, is married and has two children, one with significant medical needs. Through this, our family learned that crisis has the ability to tear you apart, but also to bring you together. When my sister gave birth to a baby who was given hours to live after her birth, we found ways to put aside past difficulties and banded together to form a new support system. Miraculously, this baby did not die as doctors expected, and is now five years old. She required a kidney transplant, and continues to be medically fragile. Her medical needs have given our family a reason to come together, find a greater purpose and support each other, which has in many ways, healed us all.

Interestingly, we again found ourselves in a crisis that was not our fault, only this time, it was viewed as "worthy" of help, and all kinds of support has poured from all around the country to help provide for Mia's care. The difference between being immersed in a crisis where the local community rallies to support instead of purposely isolating is indescribable. When people show up to offer emotional support, financial support or physical support such as house cleaning,

child care, or meal preparation, the affected person or family can focus their attention on the immediate crisis instead of becoming overwhelmed by independently having to manage all facets of life while simultaneously surviving the trauma they are experiencing. Our family motto has become “Love Shows Up,” and we have learned from experience that people showing up, whether in person, by text message, financial donation, sending a meal, a note of encouragement, a floral arrangement, or literally any other gesture that demonstrates care and concern for the person or family experiencing crisis is crucial to survival. The social work profession understands this and requires social workers to demonstrate unconditional positive regard to their clients, and I believe educating communities about the lasting positive effects of inclusion instead of isolation could help minimize the impact of trauma in many situations.

Entering The Profession of Social Work and Social Work Education

My journey to social work was long and winding. I changed majors in college six times, and it wasn't until a prior attempt at a PhD was lost due to an institutional loss of accreditation that I finally quit fighting the urge to turn toward a helping profession. Although I always felt called to be a “helper,” I felt nervous that my help wouldn't be enough, or in complete juxtaposition, would become enmeshed and overwhelmed by the needs of others. Although I didn't have the language for it then, I think I was also afraid of vicarious trauma. However, one day, I read the words “Be the person you needed when you were younger.” At that moment, I felt called to embrace this message, and my journey into social work took on new purpose and new meaning. I was called to help children in a position that was similar to my own, children who felt no one could sit with their emotion or see them as someone outside their crisis, someone to show them like my French teacher showed me that it is possible to see a person in spite of their crisis.

It took years to understand that what I had experienced was, in fact, trauma. However, this was not trauma most people outside the world of mental health recognize as true trauma. I was not abused or neglected. I had a place to live, food to eat, and a family who, although it didn't always feel like it at the time, was fiercely devoted to me. In many ways, I survived because of these protective factors, and I am very aware the outcome likely would have been dramatically different if even one of those factors had not been there. My experience of safety, however, was shaken in a way that has forever shaped who I am, personally and professionally. As I have come to understand my own story through many theoretical lenses, I have learned a lot about myself, but also how people react to and survive trauma and how that survival can look radically different even in one family with the same resources.

As a practitioner and social work educator, I practice from a strengths perspective. My experience of survival depended on people seeing and building up my strengths, which allowed me to remain on a forward trajectory. It is not surprising that I love working in emergency room settings with people in crisis, and I also volunteer as a disaster mental health worker for the Red Cross.

Discussion

Now that I live in an urban environment, I understand that rural community relationships are inherently different than those of their urban counterpart. This understanding was acquired through experience and backed by studies (Brownlee, Halverson, & Chassie, 2013; Daley & Hickman, 2011; Edwards & Addae, 2015; Pugh, 2007). People in rural farming communities depend on each other heavily for physical and emotional help. People in rural communities often serve multiple roles for their community: teachers, coaches, business owners, church members and leaders, board members and community leaders. Because so few people exist in these

communities, the many roles needed are filled by a few people causing most to serve in dual and multiple capacities. This is the norm and the expectation in rural America, and there are risk and protective factors within this expectation. It causes communities to be tightly knit and can create a safety net when tragedy strikes and support is needed. It can work exactly the opposite when the safety net is pulled away and people lose the support they had depended on.

This also means that people in rural communities are fluid in the roles and responsibilities they hold, and the talents within the community are used where they are needed. In this way, a student could be a babysitter, a teacher could be on the city council, a business owner could also serve as a fireman. As people serve in multiple capacities, boundaries become blurred and people serve where they are needed, so less attention is paid to whether it is an appropriate fit. Jobs get done, people fill needs and the community is intricately intertwined in this way.

It is important for social workers in rural areas to understand the unique culture of rural life and look at the various ways people's lives are intertwined, and this needs to be explicitly taught in social work practice classes. In most programs, this topic and theme are entirely ignored, leaving the rural social worker at a huge disadvantage to their urban peers. It is important to understand rural clients' relationships within their community when using an ecological lens as well as how they may change can drastically impact a person's ability to survive. These relationships are truly the lifeline of rural communities and when one thread gets broken, it can unravel an entire community. It is equally vital that we teach rural social work students about these cultural differences and how to navigate the intricate and complicated relational system that exists in most rural communities.

Conclusion

Looking at myself as a white, educated woman who experienced and survived familial trauma, and who identifies as a rural person living in an urban environment, I am a veritable oxymoron. I practice rural social work in an urban environment, and this frequently gets me into some ethical dilemmas. In the world I came from, it was okay and expected for people to serve in multiple roles, but in the world I now live in, the expectation is that you pick and serve just one role. I am often accused of over-functioning in my role as a social worker, a teacher and advisor, but what many view as over-functioning, I view as altering the way in which I offer help.

Analyzing my own challenges, difficulties and successes very much shapes how I view the world, how I view my job as a social worker, and the lens from which I teach social work education to my students. I believe in compassion, seeing a person as a sum of all their pieces, and understanding that the story the client doesn't tell is frequently the most important. I believe everyone has the capacity to be resilient, everyone has the capacity to reach their version of success, and that these definitions shift and change over time. My social location is ever changing, shifting and growing as I both understand and challenge my own experiences and beliefs. The social work profession calls for us to meet our clients where they are; it is important that we not only consider their social location in this process, but our own, to ensure we meet in the right place.

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Reintegrating Mental Health and Religion: The Promises and Challenges

Allison Horton

Author Note

Allison Horton, Doctoral Student at the School of Social Work, St. Catherine University and the University of St. Thomas. Allison Horton serves as an Adjunct Professor at Simmons University. The author would like to acknowledge Toni Jensen and Andrya Soprych, for assistance in peer reviewing this manuscript. This paper was written to fulfill requirements the Banded Dissertation. Correspondence concerning this article should be addressed to Allison Horton, 40 Fottler Rd. Hingham, MA 02043. Email: allisonhortonlicsw@gmail.com

Abstract

This paper focuses on the history of mental health and religion, their partnership, split and recent attempts to reconcile. Focusing on research of how to properly reintegrate the two entities to promote holistic treatment to individuals with religious and spiritual beliefs, the author examines the challenges of helping the two professions speak the same language and support one another in treating individuals with care that is adequate, supportive, and addresses multi-faceted concerns followed by discussion about methodology to reintegrate religion and mental health by considering the practices of both disciplines in order to promote best practices.

Mental health and religion have a long, entangled, turbulent history. It wasn't until the last two hundred to three hundred years, however, that these healing entities truly and purposefully separated from one another. Historically, there were periods of time when those who were mentally ill were persecuted as witches and killed due to the belief their illness was caused by demons. Still today, many mental health researchers and practitioners believe religion can exacerbate symptoms of mental illness, particularly that of schizophrenia. Others argue a positive correlation between religion and treatment of mental illness, noting that religion can give purpose and meaning to a life otherwise compromised with the complications of mental illness, including but not limited to: depression, debilitating anxiety, hallucinations, and delusions. As treatment of mental health has swayed between treatment by religious professionals and doctors rooted solely in science, the literature shows pros and cons of each methodology, as it follows the history and the thinking during each specific time period (Koenig et al, 2001). Today, as mental health and clergy try to find a middle ground to offer more holistic treatment, questions remain. What are best practices for integrating mental health and spiritual/religious counseling to holistically treat people suffering from emotional distress? How, in particular, can those living in rural areas where there are shortages of mental health professionals benefit from a re-partnering of these two entities?

This paper will first explore the history of the relationship between mental health and religion and how it has shifted over time. It will then discuss the importance of clinicians integrating religious factors into assessments and treatment, particularly if religion is a protective factor in a person's life. Finally, a discussion about the challenges of reintegration will be addressed, followed by a proposal of how each entity can work together in partnership to meet the needs of the client.

Brief History of Mental Health and Religion

In order to seek answers to these questions, one must have at least a cursory understanding of the history of how mental illness was understood and historically treated by the Christian church. A review of the literature will examine how mental illness was viewed and treated by religion and medicine during different periods in history. Subsequently, I will offer a review of contemporary literature to understand how these entities can partner to provide holistic care, particularly in rural areas.

Surprisingly, prior to the last 200 years, physical and mental illness were not distinguished from each other, and people believed evil spirits, demon possession, or other spiritual forces were the underlying cause of all illness (Koenig, 2000). Accordingly, all illnesses were treated with spiritual practices combined with natural methods and whatever medicinal practices were available at the time in an attempt to remove the evil spirits from the body. Before the Christian era, hospitals did not exist to care for people who were sick. People who could not afford a private doctor were left to be treated by their families, and therefore, frequently died due to lack of care. The first hospital was ordered to be built around 370 AD by St. Basil, bishop of Caesarea due to the Biblical order to “clothe the poor and heal the sick” (Koenig, 2008, p 387). Most medical professionals during the Middle Ages (400-1400) were monks or priests and care for the sick was provided by the church. Starting in about the sixth century, monasteries cared for the mentally ill, and by the 12th century, care for mentally ill patients was provided by people of the community, even taking mentally ill patients into their homes and including them in family gatherings. For nearly one thousand years, churches operated hospitals and granted doctors licenses to practice medicine (Koenig, 2000).

In the early 1400's, the Renaissance period began, and the responsibility to grant licenses to practice medicine shifted to the government. At this time, the separation between religion and medicine began. Even though they no longer had the power of licensure, the church was still very involved in caring for the mentally ill.

During the Period of Enlightenment, medicine and the church further separated with the many scientific discoveries that contributed to medical care. By 1807, the end of the French Revolution, medicine and religion had almost entirely been separated (Koenig, 2000). In 1817, the Quakers established the first mental hospital in the United States (Koenig, 2000). They provided "moral care" with very high levels of success. Mental health care and religion have remained separate for the past 200 years, and only recently has the idea that religion could be beneficial to those suffering from mental illness and emotional distress again been considered by mental health practitioners.

Relationship Between Religion and Mental Illness

The relationship between religion and mental illness has not been easy. Historically, religious organizations were frequently the first to reach out to offer help to the mentally ill, while at the same time, many religious institutions were persecuting those afflicted, and even killing or burning the victim at the stake if exorcism was unsuccessful at treating the illness. Luckily, reformers of the church ended these persecutions, and the Quakers intervened. William Tuke, a devout Quaker, believed that the purely medical approach would not work, since mental illness was a disruption of the mind and spirit. (Koenig, 2000). He discouraged the medical treatments of the times such as bleedings, purgings and ice baths and instead encouraged regular exercise, work and recreation with great results. This treatment quickly spread throughout Europe and over to America in the form of "moral treatment." In America, moral treatment

involved “occupational therapy and amusements designed to distract patients from their irrational and unhealthy preoccupation” (Koenig, 2000, p 388). On the grounds where patients received this care also lived chaplains who provided the opportunity for patients to attend religious services as part of good behavior. Patients found such benefit from attending church services, they were able to demonstrate self control in order to be allowed to attend. These positive attitudes toward religion, however, gradually reversed. Stirred on by the scientific discoveries of the 1800’s, experts in treatment of the mentally ill warned against religion and predicted it would be detrimental to patients. Sigmund Freud stated, “In the long run, nothing can withstand reason and experience, and the contradiction which religion offers to both is all too palpable” (Freud, 1927). Albert Ellis, one of the founding fathers of Cognitive Behavioral Therapy, believed that the less religious people are, the more emotionally healthy they will be. These statements appeared to come with their own negative experiences with religion and their experience of patients manifesting religion under their treatment. Methodical research about treatment of mental health did not enter the picture until the mid 1900’s, and by then, opinions and attitudes toward religion and its place in mental health care had solidified.

In the 1950’s and 1960’s, research affirmed Freud’s teachings and theories that religion itself is a detriment to mental health. Literature reviews were done and findings of this time were all similar, so this separated religion and mental health even further. However, as time passed and researchers and mental health professionals continued to wonder about the benefits of pairing religion and mental health, it became apparent that many of the studies done during the mid century were convenience samples, or studies done with participants who were easily accessible to the researchers, which in these cases were college students and psychiatric patients, which meant these findings were not valid and could not be extrapolated to the general

population. Larger studies over a sample of ages, genders, religions, and races did not come until much later, and these studies presented almost the exact opposite of what had been presented earlier (Koenig and Larsen, 2001).

Studies in the 1980's and 1990's focused on a wider range of mature adults. In a study of medically admitted patients to Duke University Medical Center, 372 consecutive patients were asked what the most important factor that allowed them to cope with stress was. With no mention of religious support by the interviewer, 42% of the patients immediately indicated that their religious faith or prayer was what helped them the most. When interviewers asked more directly about the role of religion in coping with their stress, almost 90% indicated religion to be at least moderate support (Koenig and Larsen, 2001). This study was conducted at a single hospital in the Southern part of the United States, so it is likely the rates would be different in various parts of the country. However, perhaps somewhat surprisingly, when the Gallup polls conducted a study in 1982 asking about receiving comfort or support from religion, the rates were not drastically different. In the Southern and Mid-Western states, the rate was 83%, 72% in the East, and 70% in the West. This strongly indicated that religion was, in fact, a support to many people in times of stress or emotional distress, at least in the United States. However, what these numbers did not indicate is whether those who found comfort in religion actually had better coping and positive outcomes in treatment than those who did not find comfort in religion.

In order to determine coping patterns and better understand the positive or negative relationship between religion and mental health, a much more in depth study needed to be conducted along with reviews of studies with a religion variable that correlated as an indicator of mental health. In 2001, a thorough systematic review was done by Harold Koenig and his team, and was published as a book titled The Handbook of Religion and Health. They reviewed 1200

studies, compiled the findings of each, and summarized the relationships, both positive and negative, between religion and mental health (Koenig, et al 2001).

Not surprisingly, they found the limited samples in the 1950's and 1960's indicated a negative correlation between religion and mental health. There are some studies done in the 1980's and 1990's that indicate a negative impact also. Findings of a study conducted with unwed teenage mothers who had religious affiliation demonstrated higher levels of depression, shame, guilt and lower levels of self confidence, self worth, and competence (Sorenson, 1995). These earlier studies similarly report that the type of stress being experienced had different effects on religion's impact on mental health. For instance, while religion seemed to help with financial distress, it had a negative impact on the stress associated with family crisis. Sorenson's study (1995) indicated that religion appeared to be more helpful to people coping with crisis that began outside the individual like health problems and was less helpful in coping with things that were perceived as personal failure like marital problems or difficulties with children. Religion is often used to rationalize prejudice or hatred toward another person or group of people. People associated with religion may choose to live their life a certain way, and when other people around them do not meet those standards, religious beliefs can be a way to demonstrate exclusion. While some negative correlations have been noted, the question remains: do the benefits outweigh the challenges?

Positive effects of religion are noted in a majority of the studies reviewed by Koenig and his team. They found that nearly 80% found religious beliefs and practices "contributed to greater life satisfaction, happiness, positive affect, and higher morale" (Koenig, 2001, 87.) Religion was also found to increase people's sense of purpose, happiness, optimism and meaning. Arguably the most important finding of this study is that not a single study found that

religious people had less hope or optimism than non-religious people. This indicates that religion, for the majority of people, has a positive correlation with mental health.

Since 80% of published studies indicate that people have a positive association with religion and their mental health, it is critical to explore the reasons why this relationship is important and the implications for returning to a partnership with religion and mental health care in America. According to research and anecdotal reports looked at by Koenig (2001), the biggest reason to reintegrate religion and mental health is that all types of religion have a commonality: they promote meaning. Meaning is arguably the most important protective factor for mental health. People who find meaning in their lives generally see they have purpose, which leads to greater hope and motivation to achieve their purpose. Those who believe in a higher power tend to have a view of a God, or of a power, who has a plan, who cares about his creations, is all knowing, all powerful, and forgiving. They believe in a God who hears and answers prayer. In contrast, those without religious beliefs tend to view the world through a lens of chance and luck. People here endorse a belief that each person is living in an individualized world that is impersonal and even hostile. In this view, humankind has to create their own purpose and when mistakes are made, forgiveness is harder to find and accept. This may be accompanied by more guilt, shame and difficulty finding meaning in their lives. Although Freud was very outspoken in his belief that religion had no place in mental health, he did concede that “only religion can answer the question of the purpose of life.” (Freud, 1930).

Shift in Relationship

Over the last several decades, religious leaders and faith-based organizations have shifted back to recognition of the importance of a reintegration of mental health and religious services. This shift has taken the form of a “New Age” movement where multiculturalism is celebrated

and influences the current thinking about religion and spirituality in mainstream counseling and clinical psychology. This is a step because it is no longer taboo for mental health professionals to talk about religious and spiritual interventions with clients.

As we think about how to reintegrate psychology and spirituality/religion, there are many things to consider. The first is how to heal the mistrust between the two entities that was created during the period of enlightenment when science took precedence over religion. Despite having shown great success in treating those suffering from mental illness, religion was removed from mental health treatment and instead, treatment became fully based in things that could be scientifically explained. This created a deep divide between religious leaders and those treating mental health. As such, both parties appear suspicious of one another's intents, and as we consider a return to a time where these entities work together, and there are positive outcomes of the partnership, there are several aspects that must be examined in order to propose a plan for mental health and religion to reintegrate.

Integrating a Spiritual Framework in Treatment

For the past 25 years, mental health practice has struggled to become more recovery oriented (Blanch, 2007). However, the definition of "recovery" has perhaps been the largest obstacle in successfully transitioning to this model. It seems that mental health and religious organizations differ greatly on their definitions of what recovery is, and thus, with different goals in mind, it has been nearly impossible to align treatment. Mental health clients frequently complain that the concept of recovery has been skewed and that changes toward helping clients achieve "recovery" have been superficial at best (Blanch, 2007). It has often seemed to many clients that the elusive goal of recovery can only be met by repetitive, stagnant services. In order for mental health practitioners to truly embrace a model of recovery, one that embraces

“reframing the treatment enterprise from the professional’s perspective to the person’s perspective,” (Blanch, 2007, p 255) introducing a spiritual framework could open the door to a new and deeper vision of recovery – one that has long been desired by mental health clients (Blanch, 2007).

Many people receiving mental health care have been asking for spiritually based mental health services for decades, but have largely found that they can receive spiritual care or you can receive mental health treatment, but the two do not work together. These clients have repeatedly argued that for a recovery model to be truly effective, it has to integrate treatment that is holistic and has to reach the patient where they’re at and incorporate their strengths and needs, which for many is based in spirituality (Blanch, 2007). Because this model rooted in religion has not existed for centuries, and because until only recently have both sides begun to again agree that there is merit to holistic treatment, the benefits of this treatment have been largely anecdotal and have only been received by clients who have had the wherewithal to seek a variety of treatments that met their personal needs. The most important thing noted in this anecdotal evidence is the emphasis that a “psychiatric diagnosis does not affect the deepest drives of humanity – to live with purpose and to become a decent human being. Understanding one’s problems in religious or spiritual terms can be an extremely powerful alternative to a biological or psychological framework” (Blanch, 2007, p 255).

The diagnosis of a serious mental illness, even when treated aggressively with the best clinical and psychiatric care available, is usually perceived as a dismal, life altering diagnosis. For many, a significant mental health diagnosis means they will never feel well again. Often, they participate in clinical therapy sessions that focus on symptom control and learning how to live their lives around their difficult moments. This focus feels daunting and disappointing to

clients. Clients report feeling that they have been sentenced to a lifetime of sadness and fear, and there will never again be fun or spontaneity.

However, when their experience is viewed through a spiritual lens, the client may feel as though their hard work, pain and suffering can be framed as development of a spiritual view, which, for some, may feel like a worthwhile goal. Even though this viewpoint may not change the seriousness of what a person is experiencing, having a purpose may alter a person's ability and desire to confront their pain and do the clinical work needed to develop appropriate skills and defenses to manage their emotional distress.

From a strengths perspective, it is also crucial to note that clients suffering from various forms of mental illness have experienced challenges, devastation, and despair that those without symptoms have never known. Within these challenges, many clients have developed skills of resilience, patience, determination, and humility that many people may never attain. If the mental health system stopped and admired the strength of these people, and considered the spiritual source from which many of them draw, it's likely the helpers could learn a few things from their patients.

The recognition that integration of spirituality and religion is often beneficial is apparent, but the actual application of this practice is a little less apparent. Symptoms of mental illness and religion or spirituality are both deeply personal issues for many people, and the comfort of discussing these topics will vary between both professionals and their clients. Much in the way practitioners learn about a variety of psychiatric conditions, it would be to their benefit to also learn about and have a basic knowledge of a variety of religious practices. Without this base knowledge, it may feel difficult for practitioners to enter into conversations with clients about their spiritual and religious beliefs and practices. Alternatively, some find it easy to discuss

religious or spiritual issues, however, may continue to frame the symptoms or diagnosis in traditional terms. At the other end of the continuum, some practitioners and clients may believe that healing is a spiritual journey and that the goal of an integrated mental health approach is to weave therapeutic insights into what is essentially a spiritual process. Finding an appropriate frame for the conversation, one that respects both client and practitioner, is essential. There are thorny ethical and professional issues to work out, and very few professional forums in which to do so.

Challenges to Reintegration

Clement and Warren (1973) identified five problems with integrating psychology and religion. They assert that the core problem is a lack of meaningful dialogue between the disciplines. These important conversations that address the ways each domain views healing have not occurred. One of the important reasons for conversation is to understand religion and psychology have different language for how they view the difficulties people face. An example of this might be religion viewing a disorder, such as addiction, as sinful and psychology being more diagnostic in their approach. These two languages are often at odds with each other, and their viewpoints are inherently different, which affect the treatment of the individual. It will be important to operationalize definitions within each language, as there are many different definitions and interpretations of ambiguous words like: religion, spirituality and mental health. Until a common language is created, or at a minimum, there is an understanding of each other's language, it will be difficult to have forward movement (Clement & Warren, 1973).

The next problem that must be addressed is the competition and comparison between the two domains. Each one appears to be worried that if they partner with the other, their value will somehow be diminished. Third, theologians at times believe they hold ultimate truths and this

alienates psychologists. Fourth, there may not be enough individuals in both domains who are interested in integration, and lastly, the interested parties may not know enough about the other's domains in order to competently integrate (Clement & Warren, 1973).

Unfortunately, identification of the problems is perhaps the easier part. Despite the fact that Clement and Warren did their research in the early 1970's, the problems they identified are still relevant almost fifty years later. Finding solutions, and even getting involved parties to come to the table to talk about solving these problems is the more difficult challenge. Because this is an endeavor that has had few attempts at reconciliation, there is not a lot of data or obvious methodology that show success in repairing these often broken relationships.

Toward Holistic Mental Health Assessments

The historical and social trends reviewed so far are fundamental, but their implications are far reaching. To respond holistically to the needs of our clients requires more than a few off handed questions about religion thrown into the mix of information gathering done during the initial interview and assessment of a client. In order to best meet client needs, there needs to be a shift away from a methodical, medical model of problem solving to a paradigm where questions are asked and a person is understood as a product of his or her support system. This would entail four parts: spiritual information gathering as the most critical part of the assessment, a formal acknowledgement of and accommodation to the client's preferred explanatory framework, an expanded consultative model, and the development and implementation of a set of interventions drawn from the experience of clients as well as practitioners (Blanch, 2007).

The first part of an assessment would focus on spiritual information gathering. This is a shift from looking to understand symptoms or problems in order to formulate a diagnosis and create a treatment plan. This is time spent learning about the client's experiences, their support

systems, religious or spiritual beliefs, goals, dreams, and any parts of their story that have a positive or negative impact on their spiritual or psychological lives. This information, when sought from the client this way, informs the clinician about the client's viewpoint on healing from a religious or spiritual lens. Clinicians will need to develop a specific skillset to elicit this information, which includes bravery and comfort in asking about and sitting with difficult topics such as abuse. Because mental health professionals, by training, have the first instinct to seek out symptoms that fit a diagnostic criteria or check for psychosis, it will take a shift in practice to begin by looking at a person's worldview and life experience instead of their symptomology.

After completing the spiritual information gathering, the second part is acknowledging the client's explanatory framework. This aspect of the proposed model may be even more difficult for the practitioner to accommodate. In keeping with the client centered model, this aspect of treatment takes the client's framework of what they believe is going on and what they believe they will need to get better into account. Of course, this does not mean a practitioner must completely abandon their own framework of understanding a client, but it's asking them to consider the client's articulation and explanation for how they feel, and also consider that it may, in fact, be legitimate. Looking at a client through their own viewpoint not only validates a client's understanding of themselves, but it also validates that they are the only expert in their own life. Looking at the client from this viewpoint has several benefits, most notably, the relationships building and increasing trust. Starting to work with a client from their own frame of reference has been shown to increase client compliance with treatment plans (Eisenthal, Emery, Lazare, and Udin, 1979). The biggest challenge of this modality is to integrate the client's experiential framework with another treatment modality in a way that addresses the mental health needs of the client but is also respectful of the client experience and desire for treatment.

The next part of the paradigm is using the expanded consultative model. In most cases, mental health practitioners are not familiar with religions outside their own, so it will be necessary for them to reach out to religious clergy in their communities for wisdom relating to the client's religious and spiritual needs. A clinician may need some context surrounding religious beliefs, instruction on the specific religious framework that may inform a client's thinking, support system and values. Many religions also have a mystical aspect to them that may need to be explained by religious clergy.

Finally, the last part of this model is using spiritual and mystical practices to assist with recovery. In this part, mental health practitioners learn concretely about the religious practices a client might use to cope with their mental illness. These can include techniques such as

prayer and other tools for strengthening belief, purification rituals, self-observation, techniques to develop mastery over thoughts and behaviors, practices for minimizing or containing the ego and for controlling emotional excesses, structured processes for confronting the dark side of humanity and for overcoming fear of death; practices for developing and maintaining calmness in difficult situations, and so forth" (Blanch, 2007, p.257).

Challenges to Religious Partnership

While there has been a great deal of research done about how mental health professionals should become more spiritually competent, there is very little research done about how religious professionals can partner with community mental health professionals. This is particularly concerning because research from the 1980's indicates that thirty-nine percent of Americans who are in emotional distress or experiencing symptoms of mental illness consult their clergy. This number surpasses the percentage of people who consult a mental health professional (Veroff,

Douvan, and Kulka, 1981). No repeat study with updated statistics could be found, but it's assumed that this number is likely higher now, particularly with the opiate crisis throughout the United States. With a high number of distressed individuals reaching out to their clergy for help, it's very concerning that there is lack of evidence for community partnerships, referral process, or even training for clergy to recognize warning signs that someone is in significant distress or danger.

With mental health moving in a direction that includes spirituality as a significant source of strength and comfort, and the push for mental health practitioners to make peace with the religious community, it's interesting that the religious community has seemingly gone silent about this issue. Aside from the impact it may have on clients, it's also concerning that the mental health community has gained tremendous momentum in moving in this direction and trying to engage religious clergy in their practices, yet, it does not appear that the religious community is completely on board with this process. (This writer also acknowledges the research to indicate best practices for religious clergy to partner with the mental health community has not yet been completed.)

Risks and Challenges of Integration

It is assumed that many people in distress start by seeking help from their religious clergy because their place of worship is a place where they feel safe. This is especially true with the elderly population or those living in rural areas where access to mental health providers is limited. However, without a proper system or trusted partnership with a mental health care agency, people seeking help may end up inadvertently at more risk due to lack of competent care. While many religious clergy have incredible compassion and empathy for the distress of their parishioners, without a partnership with the mental health community, or trained

professionals within the church who are offering mental health care or referrals to community mental health professionals, people may not be receiving the complete care they need to properly treat their symptoms.

This creates another problem that dates back to the divide between religion and mental health care from over a century ago. People with mental health issues seek help from people they trust, which in many cases is a member of their church. When clergy make a referral to another professional, the member of the church trusts this referral source will treat them with spiritually competent care. Given the mental health shift toward spiritually competent care, the likelihood that this will happen is greater. However, the bigger problem happens when clergy either don't refer or parishioners won't go to treatment outside their church. While there is evidence that demonstrates there are religious practices that offer significant benefit to those in distress, using these techniques under the watchful eye of a trained mental health professional offers additional protection for those at risk of harming themselves. It is very clear that most of the research done to this point has been directed at mental health professionals and how they need to alter their framework to include spirituality, yet the equally important inverse research is sorely lacking.

In light of the reluctance of clergy to partner religion with mental health services, the church has increased the prevalence of pastoral care. However, it appears clergy may not be prepared to or able to identify symptoms of severe mental illness such as schizophrenia, bipolar disorder, and severe depression. In 2008, a study was conducted to examine the ability of clergy to recognize major mental illness symptoms and counsel individuals diagnosed with a major mental illness. Surprisingly, 71% of clergy surveyed felt that they were inadequately trained to recognize mental illness symptoms, yet "there was a strong tendency to counsel regardless of level of training or feelings of adequacy..." (Farrell and Goebert, 2008 p. 439). It's highly

problematic that people who are unprepared and not trained to help people manage symptoms of severe mental illness are continuing to do so despite their lack of expertise. In conducting a literature review, Weaver (1995) found that 50 to 80% of clergy felt they had not been sufficiently trained during seminary to address severe mental health problems. Dell (2004) wrote “One must remember that the primary professional degree of pastoral counselors is in theology, not medicine” (p. 100). During their training, clergy are not trained to diagnose or exposed to people who exhibit symptoms of severe mental illness.

Clergy are in a perfect position to refer clients to mental health providers within their communities, yet, they rarely make these referrals (Weaver, 1995). In an ideal world, clergy enter into a positive dialogue, build relationships and form a referral network so they can make referrals to mental health professionals, knowing that the treatment professionals provide is spiritually sensitive, and also addresses possible acute safety concerns. In studies and literature reviews, it has consistently been reported that clergy only refer 10% of those seeking support to proper mental health professionals.

There are several theories as to why clergy simply do not make these referrals: the first is their lack of awareness of competent referral sources. There is also the thought that they might not recognize the seriousness of some of the symptoms of mental illness, which illustrates a need to assist clergy in identification of mental illness symptoms. According to Weaver (1995), over one-half of seminaries had no course requirement in pastoral care or counseling. Taylor, Ellison, Chatters, Levin and Lincoln (2000) proposed in-service training programs for both clergy and mental health agencies to allow for information exchange. For example, mental health agencies could provide training programs to educate clergy about referral sources and referrals for specific problems (e.g., emergency referral for crisis situations). Conversely, clergy could provide

training to mental health agencies about religious beliefs and practices and how they influence both individuals and family members.

When considering merits of reintegrating mental health and religious entities, it is very important to consider the client, and what the client is seeking when he asks for help. From that perspective, when we consider the reasons people might be seeking services, we can identify what each side can offer to a distressed client. Weaver (1995) did extensive research into the offerings of pastoral care for people with various diagnoses and in a variety of distressing situations. He found the place where people, women in particular, were most likely to seek out support from clergy was in situations of domestic violence. Research shows that three out five of the people clergy see come in for help for marital problems, many in abusive relationships. However, this is where the lack of training for these professionals became very obvious. Many of the clergy interviewed for this study indicated they had confronted a batterer, and as a result, some had been assaulted by the perpetrator during this confrontation (Weaver, 1995). In a different, larger study conducted by Bowker and Maurer in 1987, it was determined that although more women were seeking support from clergy than from medical or mental health professionals in the community, clergy were simply not as effective at helping in these situations, not due to lack of care or compassion for the people or their situation, but because they lacked training and expertise in dealing with mediating domestic violence (Weaver, 1995). As clergy officiate 2.68 million weddings annually, training in identifying risk factors of domestic violence would be an effective method of prevention, as nearly 100% of clergy indicate they provide premarital counseling prior to committing to officiate a wedding. Despite almost 100% requiring premarital counseling, less than half had actually been trained in marital counseling (Weaver, 1995).

The significant involvement of clergy in mental health and lack of appropriate training or

resources is further demonstrated when looking at the response of clergy to those suffering from depression or suicidal ideation. Major depression is the most common but also the most treatable form of emotional distress. In the United States, studies show that one in ten suffer from major depression at some point in his life, and the risk for depression increases throughout a person's life until they reach age 80. Of greater concern, 75% of those who suffer from major depression have thoughts of suicide, and about 15% of those who have untreated depression attempt suicide (Weaver, 1995). Given the enormous prevalence of depression and subsequent suicidal ideation in America, it's not surprising that clergy report that it is one of the biggest reasons people seek support. The same studies also show that clergy feel inadequately trained to respond to such significant need. In a study done using a geographically representative sample of 157 American clergy, the study found that Protestant, Catholic and Jewish clergy demonstrated about the same level of knowledge of the symptoms of emotional distress (such as depression) as a group of college undergraduate students in an introductory psychology class (Farrell & Goebert, 2008). These findings were further reinforced by research demonstrating that even experienced clergy are woefully underprepared to assess for suicide potential in persons at risk. When compared to psychiatrists, psychologists, social workers, and marriage and family therapists, clergy scored much lower on the ability to assess for suicide lethality. However, the same studies indicate that 94% of clergy are willing and desiring more training and continuing education in areas of mental health and assessment, but these trainings are highly specialized and not easily available to people outside the mental health field (Farrell & Goebert, 2008).

It is interesting to find that even though, almost unanimously, clergy admit not having enough training to assess or treat most types of mental illness and emotional distress, they are still not referring people to mental health specialists. Research indicates that of all the people

coming to members of the clergy in emotional distress, only 10% were referred to mental health professionals (Weaver, 1995). In this same study, a combination of reasons have been cited to explain why clergy do not refer more people to mental health professionals; lack of feedback after a referral is made, inability to assess the type and quality of resources available, absence of referral skills, financial considerations, lack of perceived common values, lack of collegiality shown toward clergy by mental health practitioners, and lack of diagnostic skills (Weaver, 1995).

Strengths of Pastoral Care

Despite the fact that clergy frequently lack appropriate training and do not have the same diagnostic abilities that mental health professionals have, they are often the first choice of help for people in crisis. However, as the mental health pendulum has swung back toward not just accepting religion as a tool for people in distress, but embracing it, it is important that we look at and understand the value of the clergy and pastoral counseling. In a comparison of Americans surveyed about how helpful clergy were in assisting them to solve their problems, 58% reported that they felt helped or helped a lot and 11% did not feel helped (Weaver, 1995). In comparison with people who sought assistance from psychologists or psychiatrists, 62% felt helped or helped a lot while 20% reported they did not feel helped. (Weaver, 1995) In looking to understand how clergy help despite their lack of training, it was found that relationships between the person seeking help and the person giving help mattered. In this regard, most people felt a more personal relationship with their clergy, and perhaps more importantly, felt like their pain mattered to the clergy. When measuring interpersonal skills including warmth, caring, stability, and professionalism clergy rated higher than mental health practitioners. As clergy are seen by many in their congregation as supportive and helpful in times of emotional distress, it would be wise for community mental health professionals to partner with them; to educate, support and

join forces to ensure that all the people who are seeking services are met with adequate care that properly addresses their needs. Learning from clergy or other religious leaders about creating supportive positive relationships is also something from which mental health care providers could benefit.

Unfortunately, this is unfamiliar territory and very little research has been done to determine best practices for merging the two professions in the present age. All research indicates that for those who value religion and spirituality in their lives, treatment inclusive of these entities has better outcomes than treatment that ignores them. For many years, mental health and religion have been at odds and the focus has been on the many ways in which they are different, rather than focusing on the ways they are the same—the very ways that have enormous healing potential. What has been largely overlooked by mental health practitioners is that participation in religion almost always comes with community, and with community comes built-in support. People who battle mental illness in isolation have higher rates of symptom severity, symptom reoccurrence and attempted suicide. When mental health practitioners look for protective factors, they look for family, community, positive interactions with others—the very things that being a part of a congregation naturally provide.

Another important consideration is that clergy are frequently called to visit their parishioners in their homes. These visits can provide a wealth of information that may otherwise not be disclosed when people are seen for counseling in an office. Home visits often give information about people's living conditions, interactions between family members in their natural environment, and necessities that may be lacking, which are frequently things that many are ashamed of or embarrassed to bring up in a formal counseling session, particularly in the beginning before a trusting, therapeutic relationship is formed with a mental health practitioner.

However, if clergy and mental health professionals partner to provide holistic care and find a way to feel comfortable and safe sharing information, the treatment provided to their clients can dramatically improve simply by people working together to achieve the same goal.

One other major advantage clergy have over many mental health providers is their work with the elderly. Even as public mental illness awareness and education about symptoms have become mainstream, for many in the aging population, emotional distress or symptoms of mental illness carry an intense stigma and sense of weakness and/or shame. However, these aging and elderly people frequently belong to some religion, and frequently use pastoral counseling to discuss their symptoms, feeling that talking to clergy is a way to cope and doesn't carry the same shame and stigma that speaking to a mental health professional does.

Hess (1992) stated

The world views of religious and human service communities may complement rather than conflict with each other. Although it is easy to exaggerate either position, there are some basic truths bound up in both views of the world. It is true, as psychologists say, that people are capable of creating and contracting unique approaches to life, but it is just as true, as religions say, that our resources, control, and lives themselves are finite commodities. The critical question of concern to all of us is how we live in a world characterized both by possibilities and limitations (p. 5).

Overall, both professions have incredible strengths, and research is showing more and more that, when combined appropriately, an integrative approach of open communication and collaboration between mental health providers and clergy could open many doors to holistic treatment that could allow clients to feel that their values and needs are being considered and integrated as a large part of their treatment plan. Drawing on the strengths of each means that

theoretically, people would be treated by professionals who value their faith and beliefs, while also addressing the symptoms and complications of mental illness. They would understand their community supports and use them in ways that benefit the individual, and they would use these strengths as a place to talk about managing their symptoms. Ideally, clergy would feel comfortable working with an experienced mental health practitioner to understand a client's symptoms and risk factors, so as they continue to work with the person, they can be aware of signs of decompensation or risk of suicide, and work with community providers to ensure the person is receiving adequate, yet holistic care.

Conclusion

Throughout this paper, religion and mental health care have been examined and presented through different periods in history, and how the differences in these views have affected care for those suffering from symptoms of mental illness or emotional distress. Taking a historical look allows us to see time periods in history when religion and mental health worked together and the periods of time where they believed in different methods. Historically, anecdotally, and through empirical research, all evidence indicates that for people who have religious or spiritual beliefs or who belong to a religious community, treatment outcomes are better when their religious beliefs are taken into consideration and integrated into their treatment. Research is pushing mental health care workers to be more spiritually sensitive when treating clients and urging mental health practitioners to include these practices into their assessments. Research is being done to help bridge the many divides that were created by Freud and the scientific revolutions coming with the period of enlightenment by encouraging mental health professionals to make amends with the religious community. While this is exciting news for clients who wish to have more holistic treatment, the reality is that the research is only coming from the mental health

side. It gives critical information on why these relationships are important, but there is very little research about the religious community's feelings about mental health moving back in. In theory, a mental health and religion/spirituality partnership makes complete sense and is very client and community centered. However, the ways in which this must be done are complicated and, if done incorrectly, the results could be devastating. Research is missing about how religious and spiritual communities would like mental health to come back into the picture. History suggests that mental health professionals coming in as the "experts" and creating plans and taking over will not work, and will likely create even greater divides. More research needs to be done to figure out how mental health workers can support religious leaders and how religious leaders can support mental health workers in a very client centered team approach. Until this research is done and there is an agreement on best practice, it is likely that these two entities who have been at odds for almost a century will continue to be leery and suspicious of one another, and forward progress will be slow and tedious. It is important for mental health practitioners to recognize that religious organizations have enormous potential toward prevention of mental illness, and these efforts should be supported in whatever ways possible. There are many tough questions that require thoughtful answers.

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Student Engagement and Predictors of Success: It's All About Relationship

Allison Horton, LICSW

Author Note

Allison Horton, Doctoral Student at the School of Social Work, St. Catherine University and the University of St. Thomas. Allison Horton serves as an Adjunct Professor at Simmons University. The author would like to acknowledge Toni Jensen and Andrya Soprych, for assistance in peer reviewing this manuscript. This paper was written to fulfill requirements the Banded Dissertation. Correspondence concerning this article should be addressed to Allison Horton, 40 Fottler Rd. Hingham, MA 02043. Email: allisonhortonlicsw@gmail.com

Abstract

Creating the best environment conducive to learning does not require the most knowledgeable professor or the most gifted students; it requires the ability for students to connect with each other, their professor, and the learning material. Relationship and creation of community are arguably the most important aspect of any learning environment, and these relationships must be planted the moment the course begins and nurtured throughout the semester. Using evidence based group work techniques, this chapter gives foundation to relation based instruction, creating grounded discussions for deeper engagement, and using relationships to model positive communication, disagreement, discussion, and questioning which creates a brave space allowing students to be vulnerable, open to feedback and experience meaningful learning experiences.

Introduction

Online education has opened doors for people desiring to further their education. For many, continuing education may have previously been impossible due to living in an area where distance from a school, working a full time job, or caring for children or other family members made this reality a challenge. The ability to take classes from anywhere with an Internet connection at virtually anytime of day has allowed people to complete degrees, further their professional knowledge and increase knowledge and skills required to be hired in their field of choice.

When social work education first entered the world of online education, many professionals were concerned that it would be impossible to educate and evaluate quality social workers through a computer screen, as so much of social work is relational (Forgey, Ortega-Williams, 2016). It is crucial to social work education and the social work profession to find a way to make online education for social work relatable, meaning students would need to be able to connect to the course content, their professor, the school itself, and their peers. This chapter will outline best practices in creating relationships in online learning, helping students connect to the course, the instructor and each other. It will also highlight the strengths of how learners in various remote locations can strengthen the course, as it allows for a variety of perspectives to be brought into a single space.

Review of Literature

When reflecting back on education, it is not as common to hear people talk about a class where they learned specific skills or enjoyed the content; instead, frequently, stories are often told of classes where they had a dynamic professor, a professor who reached them on a personal level, or the relationships they made within the course. Many studies show that students are more engaged, learn content more thoroughly, and produce better work when they believe their professor cares about them and is interested in their success (Meyers, 2009). Throughout this chapter, we will explore the ways professors can use group work skills to create meaningful relationships with their online students, ideas about helping students connect with each other, and creating grounded discussion for increased engagement and intentional dialogue in brave spaces.

Importance of Relationship

A 2014 Gallup-Purdue study authored by Ray and Marken found connections in education matter beyond graduation. This study used a random sample of 29,560 people in all fifty states with a bachelor's degree or higher. This study focused on engagement at work and well being after college, and found that type, level, or prestige of a university had virtually no impact on these factors, but relationships were a huge predictor of engagement and higher well being after graduation. The study found that "support and experiences in college had more of a relationship to long-term outcomes for these college graduates. For example, if graduates recalled having a professor who cared about them as a person, made them excited about learning, and encouraged them to pursue their dreams, their odds of being engaged at work more than doubled, as did their odds of thriving in all aspects of their well-being" (Ray & Marken, 2009). Additionally, if the student worked in their field or had an internship while they were attending school, had projects that took at least a semester to finish, and had opportunity to be involved in

extracurricular activities, their engagement doubled. It further found that of all those surveyed, only 14 percent felt they had teachers who cared about them personally, and only six percent had a job or internship that allowed them to apply what they were learning. In essence, how a person experiences their education has far greater impact than where they go to school.

A 2010 study of student-faculty interactions indicated that students who perceive their professors as being “approachable, respectful, and available” had greater confidence in their academic skills and internal and external motivation. Students who engaged in informal conversations with faculty were more likely to enjoy learning and be stimulated by the learning process. Not surprisingly, students who didn’t perceive a connection to or felt distant from faculty members reported less motivation, and had higher rates of feeling discouraged or apathetic toward their learning (Komarraju, Musulkin, Bhattacharya, 2010).

Literature also describes that ways professors demonstrate caring, connection and the various ways in which these methods are perceived by students. Teachers who are more informal in their teaching, use group discussion, or perhaps who sit with the class instead of standing behind a desk or a podium were viewed as more connected with their students, as they more easily interacted and heard and responded to student input in real time. Meyers (2009) found that effective instruction can be summed in two roles: the instructional role (knowledge, preparation, and clarity) and the personal role (concern for students, availability, respectfulness, and willingness to answer questions) and found that they are of equal importance to students. He found that professors tend to focus on the instructional role while students tend to focus on the personal role, meaning the definition of effective teaching is defined differently by professors and students, which is a vital piece of information (Meyers, 2009).

Parker Palmer (1998) suggests, “Good teachers possess a capacity for connectedness. They are able to weave a complex web of connections among themselves, their subjects, and their students so that students can learn to weave a world for themselves” (p. 11). This is particularly important in online education, where creating connections is just as, if not more, important, but must be done in a conscious manner, as the physical interactions and body language, which are key components of relationship making in face to face classes, are thwarted by the limitations imposed by the computer. Despite these missing pieces, it is entirely possible to engage students in an online course. Relationships in education, no matter the platform of delivery, are the most crucial part and predictor of student success.

Discussion

Creating a welcoming space for students must be a thoughtful and planned part of the online education experience. First impressions matter, and in online education where there is no such thing as a “traditional student,” anxiety often runs high. The challenges of technology are present, and it is imperative that students feel they will be supported, adequately challenged, and confident in the quality of education they are receiving. If these things are not done in the very first class, students will not feel they are set up for success, will question their decision, and may choose not to continue.

Students will experience three types of relationship within any education: relationship to the other students in the course, relationship to the professor, and relationship to the institution. These relationships can be difficult to forge in online education but are vital to the success of the student. As such, this must be a planned part of the curriculum, and professors must be intentional in how they help students get to know the professor, their peers, and the values and

mission of the institution. Online educators need to consider how they will approach course content while also finding ways to create relationships with and among the students.

When students are thought of individually, but also as a group, there are many ways to help them create connections. In first sessions of classes, either in a live face to face session or via discussion board, an important part of creating community is for students to introduce themselves and share whatever is comfortable for them about who they are, why they are in the course, and what makes them unique. The more students are able to learn about each other, the greater the chance for them to find connections and say, “me too.” When students are able to see they have shared interests, experiences, and commonalities, this paves a path to relationship building.

When working with groups, there must be a clear purpose for the group- the reason why everyone is there. At first, students may think they are in a class because it’s required, especially if it’s not a class for which they have particular interest. As a professor, the key is to help students find the actual purpose of the group. What do they hope to learn in the class, how can they help each other learn the material, how do they envision their growth throughout the semester and how will that growth be measured? Using the Mutual Aid process developed by Gitterman and Shulman (2005), the shift from outcome based learning shifts to process based learning.

Mutual aid is defined as the supportive process of developing interdependent relationships between and among group members and their social environments in order to advance the common goal of the group and, at the same time, respectfully promote individual aspirations (Gitterman & Shulman, 2005). While this model is widely used in social work, its applications to teaching and learning should not be ignored.

When classes are taught using a Mutual Aid model, there is potential to level the playing field among students and between the professor and the student. This requires the professor to approach teaching as though they are not the expert there to disseminate information, but there to facilitate a conversation where all voices and experiences are valuable and lend to the collective knowledge of the group. It is important to recognize and discuss that some students may come from privileged backgrounds, and other students will have had more challenges, experienced hardship, or been marginalized. When a class is working as a group, all these experiences and voices are brought to the table, and conversations become rich when students are able to view concepts through the lenses of differing viewpoints. When professors are facilitators, deep conversations can emerge when students are able to apply course concepts to lived experience and share these experiences with others, and student understanding of course material comes alive as they make connections within their own experience and through the experience of their classmates.

In order to do this, the professor must make room for the voices of the entire group, and this is a shift in instruction from the more traditional content driven model of education where teachers plan for the material they plan to cover, how they plan to deliver the instruction, and how they demonstrate their expertise in the subject matter. When professors allow the student voices in their class to be as valuable as their own, they are able to co-construct a learning environment where student voice and experience is at the forefront. This model is process driven, which moves away from expertise of one and assumes that everyone in the group has something to offer.

Grounded Discussion

One method of this is called Grounded Discussion (Graham, 2002). Using this method, the professor presents a topic or question, and the students ground their understanding in the topic through their lived experience. For example, in a class exploring access to education, a content driven lecture might discuss the laws regarding every child's legal right to education as a part of the American experience. When that same topic is covered in a process, discussion based format, students are able to share their experience of accessing education. Some students may come from rural areas where getting to school required hours on a bus traveling great distances; other students may have experienced education in an urban setting where they walked to a neighborhood school. It's possible that there are students who attended schools that were underserved or didn't have adequate funding, and others experienced schools in communities where education was fully funded with small class sizes. When topics are opened for discussion and experiences can be shared among students, there is great potential for conversations that are full of detail, personal experience, and differing perspectives, which create opportunities for deeper meaning and understanding of the subject matter (Graham, 2002).

Graham (2002) describes the steps professors should take in preparing for grounded discussion. The first step is "Careful review and reflection related to the content to be discussed" (Graham, 2002, p 88). While this seems like an obvious first step, it's critical to the presentation of the topic or topics into which students can delve. When planning for grounded discussion, professors must consider what the students have read, what asynchronous lectures or learning activities in which they may have engaged as part of the module, and other mediums the professor might use to expose students to the material, such as videos, music, and/or performance based art. The professor needs to do this not to decide what the most important points are for the students to grasp, but to consider potential grey areas such as questions that the

material might invoke, what might be confusing or cause uncertainty. By doing this, the professor brings these areas of concern or confusion to the students' attention. This helps remove the instructor from one who knows all to one who is curious, and will help open a dialogue within the class (Graham, 2002).

The second step Graham (2002) proposes is “construction of a interpretive question” (p 90), one which does not have a right or wrong answer. This allows for the professor to authentically inquire about the subject and search for students' lived experience of the subject matter, and how that experience has shaped what they know or do not know about the topic. In creating an interpretive question, the professor becomes a facilitator who is helping students connect their experience to the topic instead of being the expert and leading them to the professor's perceived “right” answer, which is based on their own lived experience. In these conversations, it becomes clear that through different experience, people will arrive at different conclusions, and when these experiences are shared and discussed, viewpoints will widen and students can more critically examine the structure of their own beliefs. An example type of question of this in a classroom discussion could be “Where would you start to solve this problem?” As students begin to discuss their thinking, professors can gauge what students know and where or if there are holes in their understanding. This also allows for various perspectives to have voice, and most importantly, that a person's experience guides their responses and understanding of any given situation.

The third step is preparation for loss of control (Graham, 2002). This model of inquiry requires that the professor allow the discussion to take on life of its own and be able to follow students where they lead, helping them sit with difficult questions, thoughts, and emotions. This step can be very challenging, as conversations can get heated. There may be disagreement.

Students may share personal experiences that are difficult to hear, but this student led conversation is key to the authenticity of the conversation and the learning process. This is where students learn to listen to each other, sit with discomfort, be authentically challenged, and share their experience. When students have the space to share in this type of discussion, learning is genuine and connections are made that tie to their own and shared experience.

The fourth step is preparing the space (Graham 2002). When Graham initially wrote about grounded discussion, it was intended for brick and mortar classrooms where students physically gathered together. Graham suggested that the seating in the room should be conducive to group conversation in a comfortable space. In an online setting, it's impossible to adjust a student's physical space. Yet, it is imperative to prepare the virtual space in an online setting. Online education has differing methods of delivering information. Some use flipped instruction, where a student learns material first and then joins a live, face-to face discussion. If the class is meeting face to face for a grounded discussion, how will students know when they are able to speak? How do students offer support to one another if conversations become charged with emotion? Facilitating a group discussion online requires careful finesse to ensure all students are present, engaged in the class, and participating.

Some platforms are completely asynchronous and students use writing and discussion boards as a method of discussion. In this case, a professor must be very clear about expectations of written discussion which include the guidelines and expectations for respectful discourse. Professors need to ensure the space is safe enough for students to take risk, but not safe enough that they are too comfortable, encourage authentic conversation that not just answers the given question, but delves deeper into their experience and knowledge, and allows students to disagree respectfully. When this conversation occurs and students can challenge each other, their

investment in the learning process deepens and connections with their own and each other's experiences.

In order for this kind of conversation within the classroom to occur, students in online courses need a “virtual holding environment,” which is defined as “a space where supportive relationships can be developed and maintained over time through the use of technology” (Fletcher, Comer & Dunlap, 2014, p 91). As educators, it is vital that a space is created where students are able to make connections and form relationships in order to enhance and support their learning, and this must be done purposefully and thoughtfully in order to ensure student success. When students are connected and engaged, they are able to form relationships, not unlike the relationships they would form in a physical classroom. Students who have peer support have much greater success, both emotionally and academically, than those who feel isolated (McClenney & Greene, 2005). The intentionally engaging professor must begin making good on their promise to students immediately, cognizant that the initial contact period— the first few minutes or hours on the first day of the course is when many of the most vulnerable students become overwhelmed and decide if they are able to continue in the course.. If students are not immediately engaged, called by name, or there is no attempt to know them more than just a face in the crowd or an enrollment number, it is much more likely they will disengage or decide they are not able to be successful, which is the exact opposite goal of education (McClenney & Greene, 2005).

Implications for Practice

Currently, around one in six students in a college level course is enrolled in a fully online program, and close to one in three is enrolled in at least one online course (Lederman, 2018). These numbers continue to grow every year as colleges and universities expand online education

to allow more flexible learning opportunities to those who may not be able to come to class in person. As these numbers grow, the quality of education that students receive online must match, if not surpass the quality of education they would receive in a physical classroom. Teaching an online course requires a great deal of preparation and consideration of how to ensure each member of the class is present, engaged and has an opportunity to share their experience. Online classrooms have the unique ability to bring people from all over the country, as well as the world, together in one setting and allow them to share information. When this is harnessed, it creates an environment where learning occurs not just from the instructor, readings, or class material, but from each other.

Brave Spaces

In order for students to have the opportunity to learn from each other, classes must be carefully planned and opportunities presented for students to engage with each other and take risks. These interactions require students to have the courage to open up, to share their stories and their experiences, while at the same time, remain open to feedback and questions from their peers. Often, professors take pride in creating what they refer to as “safe spaces” for students to learn, but safety doesn’t provide a catalyst for growth. Students need what Arao and Clemens (2013) refer to as Brave Spaces, which came from Boostrom’s (1998) assertion that “learning necessarily involves not merely risk, but the pain of giving up a former condition in favour of a new way of seeing things” (p. 399). Brave spaces allow for students to take risks within a controlled environment where safeguards are in place. It allows for mistakes to be made, and problems or challenges to be worked out with the idea that sometimes, learning requires discomfort and changing perspectives and perceptions.

In order for students to grow and develop, they must begin with the notion that their experience or knowledge may be missing pieces, and when they are able to approach conversations and discussions with the idea they want to know more and add to their knowledge with an open mind and willing attitude, incredible learning can occur. When material is examined from varying and unique viewpoints, conversation often shifts to “I’ve never thought about it that way before,” or “Say more about that because I’m not sure I understand where you are coming from,” and students’ shared experiences strengthen and deepen the understanding and investment in each topic.

Within brave spaces, professors must be prepared to help students navigate conflict and create space for vulnerability, explore bias, and assumptions. Often, the idea that students should agree to disagree is a preferred method of resolution, allowing for the idea that people have different experience or different viewpoints, and within this, there is room for both sides to be correct. However, a more productive model is to have “controversy with civility” (Arao and Clemens, 2013, p. 144). This method of approaching controversy appreciates and accepts those with differing backgrounds will approach situations with differing lenses and understanding of the problem. The purpose of controversy with civility is to look at the source of the disagreement and understand the fundamentals that create differing opinions. Using this model, students are taught that conflict is a natural outcome of a community of people from diverse backgrounds.

When courses are run from a grounded discussion model and include in-depth conversation from students, professors need to be prepared for conflict and address how disagreement and conflict can be managed in a way that is productive to the learning process. Because students will have varied experience, it is likely that some of their experiences will be contradictory, especially when students are physically located in different areas of the country or

the world. Students will also come with differing belief sets, morals, values, political ideation, identity, race, gender, and orientation. Helping students to ground themselves in their social location as the starting place for their own beliefs, and help expand their thinking to consider the viewpoints of others whose social location is different.

Summary

Student success in online courses depends on professor preparation, ability to create space to allow students to get to know each other and find connection, build ways for students to engage in dialogue that deepens their understanding and piques their curiosity and desire to know more. Students who know they will be challenged and supported in their thinking are more likely to take risks, be more willing to try new things, and be able to participate. When a foundation is built where long distance students are able to know and support each other, find commonalities, and realize they are all in the same boat aiming for the same shore, those connections will be their life jackets when the seas are rough.

Online education is bringing higher education directly into people's homes, allowing access to a wealth of knowledge, experience and connection. We have great opportunity to create diverse classrooms where students of varying race, religions, ethnicity, gender identity, and sexual orientation can explore the thoughts, feelings and emotions that occur simultaneously during the learning process. Inside these classrooms, this diversity must be celebrated, explored and understood. By making engagement inescapable, intentionally placing the experiences that matter most directly in students' paths from the moment they open their screen, they are given little choice but to involve themselves deeply in their education. Although these students may still hesitate to fully trust in this educational process, they will be rooted securely enough with

the relationships they have created to be supported when buffeted by occasional winds of self-doubt and life's myriad of challenges. They will be much less willing to surrender and will stay with the process alongside the members of their class (McClenney & Greene, 2005).

There is power in the group, in investment in self and others, and in the creation of connections. These connections lead to more engaged learning, successful grounded discussions, and brave spaces.

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